

January 2006

## CALENDAR YEAR 2006

### VA Medical Care Copayments in Brief

#### A. Inpatient Hospital Care

Geographic Means Test (GMT) Copay Required veterans (Priority 7) who pay the reduced GMT copayment for inpatient care are defined as:

- Nonservice-connected veterans and 0% noncompensable service-connected veterans treated for nonservice-connected disabilities **and have:**
- Income above VA means test threshold of \$26,902 (if single), \$32,285 (if married) plus \$1,806 for each additional dependent and below the GMT threshold for the locality **or have**
- Income above VA means test threshold and **Below** the GMT threshold for the locality plus net worth/assets exceeds \$80,000.

Amount of copayment (reduced to 20% of the current \$952 Medicare deductible)

- \$2 for each day of care, **plus**
- \$190.40 for the first 90 days of care and \$95.20 for subsequent 90-day periods of care.

Means Test Copay Required veterans (Priority 8) who pay the full inpatient copayment are defined as:

- Nonservice-connected veterans and 0% noncompensable service-connected veterans treated for nonservice-connected disabilities **and have:**
- Income above VA means test threshold of \$26,902 (if single), \$32,285 (if married) plus \$1,806 for each additional dependent and above the GMT threshold for the locality **or have**
- Income that is above VA means test threshold and **Above** the GMT threshold for the locality plus net worth/assets exceeds \$80,000.

Amount of copayment

- \$10 for each day of care, **plus**
- \$952 (current Medicare deductible) for the first 90 days of care and \$476 for subsequent 90-day periods of care. This amount changes on an annual basis

## **B. Outpatient Care**

- Veterans who must pay this copayment are those who are either GMT Copay Required (Priority 7) or Means Test Copay Required (Priority 8).

### Amount of copayment

- \$15 for each basic care outpatient visit
- \$50 for each specialty care outpatient visit
- \$0 for preventive screenings, immunizations, smoking cessation counseling (individual and group), lab tests, flat film radiology and EKGs.

## **C. Medications**

### Veterans who must pay this copayment

Veterans in Priority Groups 2 through 8 pay this copayment whenever they obtain medication from VA on an outpatient basis for treatment of a nonservice-connected disability. The exceptions (veterans not required to pay the copayment) are:

- Veterans in receipt of a VA NSC Pension
- Veterans with income below \$10,579 (if single), \$13,855 (if married), plus \$1,806 for each additional dependent
- Veterans receiving care for special eligibility conditions such as Agent Orange, Ionizing Radiation, Environment Exposure, Military Sexual Trauma, Combat veterans within two years of discharge, etc.
- Veterans who are former POW's

### Amount of copayment

- \$8 for each 30-day supply of medication, including over-the-counter medications
- The total amount of copayments payable in a calendar year is capped at \$960 for Priority Groups 2 through 6. There is currently no cap for Priority Groups 7 & 8.

## **D. Extended Care Services**

Veterans who must pay this copayment are those meeting all of the following three conditions:

- Nonservice-connected veterans and 0% noncompensable service-connected veterans treated for nonservice-connected disabilities -, **and**
- Income above \$10,579, **and**
- Have (together with their spouse) available resources to pay the copayment, taking into consideration assets, income, and subtracting expenses such as mortgage, car payment, insurance, taxes, medical

bills, and a \$20 a day allowance for the veteran and a \$20 a day allowance for the spouse.

Amount of copayment

**Beginning on the 22<sup>nd</sup> day of extended care service during any 12 month period:**

- Up to the maximum of \$97 for each day of nursing home care
- Up to the maximum of \$15 for each day of adult day health care
- Up to the maximum of \$5 for each day of domiciliary care
- Up to the maximum of \$97 for each day of institutional respite care
- Up to the maximum of \$15 for each day of non-institutional respite care
- Up to the maximum of \$97 for each day of institutional geriatric evaluation
- Up to the maximum of \$15 for each day of non-institutional geriatric evaluation

\* Actual copayment will vary from veteran to veteran and is based on the financial information that the veteran provides VA.

**Please Note:**

The income and copayment amounts listed are subject to change annually. These amounts are current for calendar year 2006.

Veterans placed into Priority 4 due to being Catastrophically Disabled from a lower Priority Group still pay copayments based on the above criteria.

For additional information regarding copayments, contact may be made with the Revenue Coordinator at the VA medical center where health care is received.